DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY
ATTORNEYS' DOCKET NO.

ATTORNEYS' DOCKET NO.	To Associate
P70644US0	

L.

ALL PATENTS, INCLUDING DESIGN FOR APPLICATION BASED ON PCT; PARIS CONVENTION; NON PRIORITY; OR PROVISIONAL APPLICATIONS

	METHOD FOR CONTROLLING RETENTION OF AN ORGANIC COMPOUND OR OF A PLURALITY OF ORGANIC COMPOUNDS INSIDE A LIQUID OR SOLID PHASE AND APPLICATIONS OF SAID METHOD, IN PARTICULAR IN THE AGRI-FOOD DOMAIN								
	which is described and claimed in:		_	Application No. PCT/FR0:			filed December 5, 2003		
J	the attached specification	<u> </u>	=	application Serial No.				filed	
	The attached specification	_							
	I hereby state that I have reviewed	and understan	(if applicable) a		nchudina tha	daims as amanda	d by any	amendment referred to a	hove
	I acknowledge the duty to disclose I hereby claim foreign priority benef foreign application for patent or inve	information whits under Title	nich is material to pate 35, United States Co	entability as defined in Title 37, ide, §119 (a)-(d) of any foreign	Code of Fede application(s)	eral Regulations, §) for patent or inven	1,56.	tificate listed below and h	ave also identified below
	Prior Foreign Application(s)							Priority Cla	aimed
	02/15488		France			ecember 2002			
	(Number)		(Country)		(Day/l	Month/Year Filed)		Yes	No
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	(Number)		(Country)		(Day/l	Month/Year Filed)		Yes	No
			_					_ 🗆	
	(Number)		(Country)		(Day/I	Month/Year Filed)		Yes	No
	I hereby claim the benefit under Tit	e 35, United S	states Code,§119(e)	of any United States provisional	application(s	s) listed below:			
	Application No.		Filing Date		Application	on No.		Filing Date	•
	I hereby claim the benefit under Titl								
	disclosed in the prior United States	application in	the manner provided	by the first paragraph of Title 3	5, United Sta	ates Code, §112, I a	cknowle	dge the duty to disclose in	nformation which is mate
	patentability as defined in Title 37, application:	Code of Feder	al Regulations, §1.56	which became available between	en the filing	date of the prior ap	plication	and the national or PCT	international filing date o
			(Application Serial No.)				(Filing Date) (Status		
	(Application Serial No	.)		(Filing Date)			(State	us: patented, pending, ab-	andoned)
	VER OF ATTORNEY: As a name	ed inventor, I		following attorneys (Registr			applicat	ion, receive and act on	instructions from my a
	VER OF ATTORNEY: As a name transact all business in the Pater	ed inventor, I t and Trader	mark Office connec	following attorneys (Registrated therewith. HARVEY B.	JACOBSO	N, JR. (20,851);	pplicat	ion, receive and act on CLARKE HOLMAN (22	instructions from my a 2,769); MARVIN R. ST
	VER OF ATTORNEY: As a name transact all business in the Pater 640); ALLEN S. MELSER (27,21	ed inventor, I it and Trader 5); MICHAE	mark Office connec L R. SLOBASKY (following attorneys (Registrated therewith. HARVEY B. 26,421); JONATHAN L. SC	JACOBSO	N, JR. (20,851);	pplicat	ion, receive and act on CLARKE HOLMAN (22	instructions from my a 2,769); MARVIN R. ST
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	PROTOFICE ADDRESS FULL NAME * FAMILY NAME OF INVENTOR RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME * FAMILY NAME OF INVENTOR RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME * FAMILY NAME OF INVENTOR RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME * FAMILY NAME OF INVENTOR RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME * FAMILY NAME FERON RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME * CITY CITIZENSHIP FOST OFFICE ADDRESS FULL NAME * CITY CITIZENSHIP RESIDENCE & CITY CITIZENSHIP RESIDENCE & CITY Reneve	ed inventor, I at and Trader b); MICHAE NIEL A. HUI CE TO: C JAC(DFESSIONA 400 S WAS ast one unab eased) (see ADDRESS ADDRESS anche Corr	mark Office connect L R. SLOBASKY (MPHRIES (22,772 USTOMER NO. 00 OF OBSON HOL L LIMITED LIABIL EVENTH STREET HINGTON, D.C. 2 breviated first or m e Added Page)	e following attorneys (Registre ted therewith. HARVEY B. 26,421); JONATHAN L. SC) 10136 .MAN LITY COMPANY , N.W. 20004 middle name. GIVEN NAME Charles STATE OR FORE France CITY Lamarche Sur GIVEN NAME Elisabeth STATE OR FORE France	JACOBSO HERER (29	DI, JR. (20,851); 9,851); IRWIN M DIRECT TELE (please PROI	PHONIUSE Att	ion, receive and act on CLARKE HOLMAN (22 NBERG (19,007); WILL E CALLS TO: TOTAL COMPANDAL LIMITED LIABIL MIDDLE NAME COUNTRY OF CITIZ France MIDDLE NAME COUNTRY OF CITIZ France MIDDLE NAME COUNTRY OF CITIZ France COUNTRY OF CITIZ France COUNTRY OF CITIZ France	instructions from my a 2,769); MARVIN R. ST LIAM E. PLAYER (31, 202) 638-6666 .MAN .ITY COMPANY ZIP CODE ZIP CODE 21760
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SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 201* SIGNATURE OF INVENTOR 20 DĄTE DATE. DATE 071

JACOBSON HOLMAN PLLC ADDITIONAL INVENTORS

* Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME		
	OF INVENTOR	ANDRIOT	Isabelle	Marie-Christine		
,	RESIDENCE &	CITY	STATE OR FOREIGN	COUNTRY OF CITIZEN	ISHIP	
204	CITIZENSHIP	Dijon	France	France		
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	IZIP CODE	
	ADDRESS	23 avenue de la Marbotte	Dijon	France	21000	
П	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME		
Ш	OF INVENTOR	CACHON	Remy			
	RESIDENCE &	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP		
205	CITIZENSHIP	Dijon	France	France		
H	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE	
	ADDRESS	14 avenue des Grandes Bergeries	Dijon	France	21000	
П	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	•	
1	OF INVENTOR					
ۅ	RESIDENCE &	CITY	STATE OR FOREIGN	COUNTRY OF CITIZEN	ISHIP	
206	CITIZENSHIP					
		POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE	
Ш	ADDRESS					
	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME		
П	OF INVENTOR					
207		CITY	STATE OR FOREIGN	COUNTRY OF CITIZEN	ISHIP	
Ñ	CITIZENSHIP					
		POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE	
Н	ADDRESS					
	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME		
	OF INVENTOR					
208		CITY	STATE OR FOREIGN	COUNTRY OF CITIZEN	ISHIP	
	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	TZID CODE	
	ADDRESS	POST OFFICE ADDRESS	CITT	STATE OR COUNTRY	ZIF CODE	
H		FAMILY NAME	GIVEN NAME	MIDDLE NAME	<u> </u>	
H	OF INVENTOR		0.12.11.11.11.12			
ြ္စ		CITY	STATE OR FOREIGN	COUNTRY OF CITIZEN	ISHIP	
209	CITIZENSHIP					
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE	
Ш	ADDRESS					
	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME		
	OF INVENTOR					
5	RESIDENCE &	CITY	STATE OR FOREIGN	COUNTRY OF CITIZEN	ISHIP	
7	CITIZENSHIP					
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE	
Н	ADDRESS					
	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME		
	OF INVENTOR					
[2]		CITY	STATE OR FOREIGN	COUNTRY OF CITIZEN	ISHIP	
["	CITIZENSHIP	DOOT OFFICE ADDRESS	LOITY .	OTATE OF COUNTY	Tain Aons	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE	
ш	ADDRESS	Il statements made herein of my own kno	1		l	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

CIONATURE OF INVENTOR COAT		TOLONATURE OF INVENTOR OF A
SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE 21/07/05	DATE 21/07/2005	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)

1. Maryvonne Divies
(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs) hereby declare that I am a citizen of
residing at 90 rue des légres 21000 Dèson
and that I am executing and signing the declaration to which this is attached as (check one):
□ the administrator(trix) of
executor(trix) of the last will and testament of
☐ legal representative (or heirs) of
Full name of (first, second etc.) deceased or incapacitated inventor Charles Dires
Country of citizenship of deceased or incapacitated inventor
Residence of deceased or incapacitated inventor DiJoN (Figure)
Post Office Address of deceased or incapacitated inventor 90 me des Péjoces 21000 DITON (FRANCE)
NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."
That, upon information and belief, I aver those facts which the inventor is required to state. Date: 27.09.05
(Signature of administrator(trix), executor(trix) legal representative (or all heirs))

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